



APPLICATION FOR ADMISSION TO THE ARK PRESCHOOL

Glen Ellyn Covenant Church

277 Hawthorne Street

Glen Ellyn, IL 60137

630-858-7755 website: <http://thearkpreschool.com>

Name of Child _____ Sex _____

Name you wish child to be called _____ Phone _____

Home Address _____

Street

Town

Zip Code

E mail Address _____

Date of Birth _____ Place of Birth _____

Mother's/Guardian's Name _____ Address _____

Occupation _____ Place of Employment _____

Business Address _____ Phone _____ Hours _____

Father's/Guardian's Name _____ Address _____

Occupation _____ Place of Employment _____

Business Address _____ Phone _____ Hours _____

Marital Status of Parents _____ Child Lives With _____

Name of Church Family Attends (if any) _____

Name of Child's Physician _____

Address _____ Phone _____

Sibling/s who previously attended The Ark and the year: _____

Registration begins January 7, 2019

Applying for School Year 2019 – 2020

Indicate "1" for first class choice; "2" for second choice:

- | | |
|--|------------|
| _____ Nearly Threes: Monday.Wednesday a.m. | 9:20-11:20 |
| _____ Threes: Monday.Wednesday a.m. | 9:15-11:40 |
| _____ Threes: Tuesday.Thursday a.m. | 9:15-11:40 |
| _____ Older Threes.Fours: Monday.Wednesday.Friday a.m. | 9:15-11:45 |
| _____ Fours: Tuesday.Thursday.Friday a.m. | 9:15-11:45 |
| _____ Fours: Tuesday.Wednesday.Thursday.Friday p.m. | 12:30-3:00 |
| _____ Pre K: Tuesday.Wednesday.Thursday.Friday p.m. | 12:30-3:00 |

Signature _____ Date _____

A \$70.00 non-refundable registration fee is due when application is submitted.

For Office Use Only:

Date Application Received _____ Application Fee _____

Date of Admission _____ Date of Discharge _____

Medical Form _____ Background Information _____

Permission Form _____ Emergency Form _____

Birth Certificate _____ Supply fee _____ 1st Tuition _____